Aug 11 2005 16:07

SEMPER LAW GROUP

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

/	3	37	40	2

OMB APPROVAL

OMB Number: 3235-0076

Expires:

Estimated average burden hours per form......

SEC USE ONLY Prefix Serial					
Serial					
EIVED					

Name of Offering (check if this is an	amendment and name has changed, a	and indicate change.)		
Limited Liability Company Units of Inter	est in Multicultural Holdings, LLC			
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	X Rule 506	Section 4(6) ULOE
Type of Filing:	氢	New Filing		Amendment
	A. BASIC I	DENTIFICATION DA	TA	
1. Enter the information requested about	ut the issuer			
Name of Issuer (check if this is an arr	endment and name has changed, and	indicate change.)		
Multicultural Holdings, LLC				
Address of Executive Offices	(Number and Street,	City, State, Zip Code)	Telephone Number (Inclu
1300 Bristo! Street North, Suite 100, New	wport Beach, CA 92660		(949) 474-2110	
Address of Principal Business Operations (if different from Executive Offices)	s (Number and Street, City, State, Zip	o Code)	Telephone Number (1nclu 05064216
Brief Description of Business				11 ABORECCEN
Trade show organization.				//V PRUCEDOLD
Type of Business Organization				V
☐ corporation	☐ limited partnership, already for	rmed 🗵 oth	er (please specify): Lin	nited Liability/Company 1 2005
☐ business trust	☐ limited partnership, to be form	ed		
Actual or Estimated Date of Incorporation			Year 2005	THOMSON FINANCIAL D Estimated
Jurisdiction of Incorporation or Organiza	tion: (Enter two-letter U.S. Posta CN for Canada; FN for other		or State:	CA

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 774(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	Managing Member
Full Name (Las Engage Capital	t name first, if individual)				
	idence Address (Number and reet North, Suite 100, Newport				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Las	t name first, if individual)				
Business or Res	idence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Las	t name first, if individual)				
Business or Res	idence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Las	t name first, if individual)				
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Las	t name first, if individual)				
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Las	t name first, if individual)				
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)	V		
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Las	t name first, if individual)				
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
	t name first, if individual)				
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)			

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B. INFORMATION ABOUT OFFERING

1.	Has the iss	ver sold, or do	es the issuer	intend to se							Ye	esNo	x
2.	What is the	e minimum in	vestment that	will be acc	epted from	any individu	al?		***************************************		********	\$ 100,000	.00
3.	Does the or	ffering permit	joint owners	hip of a sing	gle unit?			*************	***********	*************	Y	es <u>x</u> No	
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?	ker or dealer												
Full	Name (Last	name first, if	individual)										
Busi	iness or Res	idence Addres	s (Number a	nd Street, C	ity, State,	Zip Code)							
Nan	ne of Associ	ated Broker of	Dealer			· · · · · · · · · · · · · · · · · · ·							
Stat	es in Which	Person Listed	Has Solicite	d or Intende	to Solicit	Purchasers							
(Che	eck "All Sta	tes" or check	individual St	ates)			••••••				•	* *************	O All States
[AL	ŀ	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	່ງ	[NE]	[NV]	(NH)	[[[[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	{OR}	[PA]
[RJ]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last	name first, if	individual)										
													-
Bus	iness or Res	idence Addres	is (Number a	nd Street, C	ity, State,	Zip Code)							
Nam	ne of Associ	ated Broker of	Dealer						<u> </u>				
Stat	es in Which	Person Listed	Has Solicite	d or Intend	to Solicit	Purchasers	 -						
(Ch	eck "All Sta	tes" or check	individua) St	ates)					••••••	····			D All States
[AL	ļ	[AK]	[AZ]	[AR]	[CA]	(CO)	[CT]	[DE]	[DC]	[FL]	(GA)	(HI)	(ID)
IL		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	"]	[NE]	[NV]	[J4H]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	(OK)	[OR]	[PA]
[RI]		[SC]	[SD]	[IIN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Las	t name first, if	individual)							,			
Bus	iness or Res	idence Addre	ss (Numb e r s	ind Street, C	ity, State,	Zip Code)							
Nan	ne of Associ	iated Broker o	Dealer										
Stat	es in Which	Person Listed	Has Solicite	ed or Intend	s to Solicit	Purchasers							
(Ch	eck "All Sta	ites" or check	individual St	ates)			• • • • • • • • • • • • • • • • • • • •						All States
[AL	1	(AK)	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	r j	MEI	[NV]	MHI	נועז	[NM]	[YY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]
[RJ]		(SC)	[SD]	[TN]	[XT]	נעדן	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

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C.	OFFERING PRICE, NUMBER	OF INVESTORS,	EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate		Amount Already
		Offering Price		Sold
	Debt	\$ Q		\$ Q
	Equity	\$ <u>0</u>		sq
	☐ Common ☐ Preferred			-
	Convertible Securities (including warrants)	\$ <u>Q</u>		\$ Q
	Partnership Interests	\$ 0		\$ Q
	Other (Specify Limited Liability Company Units of Interest)	\$ 100,000.00		\$ 100,000.00
	Total	\$ 100,000.00		\$ 100,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>		100100000
oi th	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number		Aggregate
		Investors		Dollar Amount of Purchases
	Accredited Investors	1		\$ 100,000.00
	Non-accredited Investors	0		\$ <u>0</u>
	Total (for filings under Rule 504 only)	1_		\$ 100,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
50	f this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
		Type of		Dollar Amount
		Security		Sold
	Type of Offering			
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the eccurities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
se ir				3 Q
se ir	Transfer Agent's Fees		_	\$ Q
se ir	Transfer Agent's Fees Printing and Engraving Costs			₩ ⊻
se ir	· · · · · · · · · · · · · · · · · · ·		0	\$ <u>4.000.00</u>
se ir	Printing and Engraving Costs		_	-
se ir	Printing and Engraving Costs Legal Fees		0	\$ 4,000.00
se ir	Printing and Engraving Costs Legal Fees Accounting Fees		0	\$ <u>4,000,00</u> \$ <u>0</u>
se ir	Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees		0	\$ <u>4,000,00</u> \$ <u>0</u> \$ <u>0</u>

C. OFFERING PRICE, NUMBER OF I	NVESTORS, EXPENSES AND US	SE OF PROCEEDS	
 Enter the difference between the aggregate offering price given in response to Part C - Question 4.a. This difference is the "adjusted" 	esponse to Part C - Question 1 and to d gross proceeds to the issuer"	otal expenses furnished	\$96,000.00
5. Indicate below the amount of the adjusted gross proceeds to the issuer ulf the amount for any purpose is not known, furnish an estimate and a payments listed must equal the adjusted gross proceeds to the issuer set f	check the box to the left of the estimate	mate. The total of the	
	·	Payment to Officers, Directors, & Affiliates	Payment To Others
Salaries and fees		J \$ <u>50,000.00</u>	\$30,000.00
Purchase of real estate		J so	□ \$ <u>0</u>
Purchase, rental or leasing and installation of machinery and equipment		J so	□ \$1,000,00
Construction or leasing of plant buildings and facilities		J so_	□ \$1.000,00
Acquisition of other businesses (including the value of securities involved in in exchange for the assets or securities of another issuer pursuant to a merger) Repayment of indebtedness	this offering that may be used	⊒ \$ <u>o</u> ⊒ \$o	□ so □ so
Working capital		⊒ \$Q ⊐ \$\overline{\chi_0}	
Other (specify):	· ·	7 20	□ \$ <u>14,000.00</u>
o and topology.] s o	□ 80
****		ି \$ହ	☐ \$ <u>0</u>
Column Totals		□ \$ <u>50.000.00</u>	\$46,000.00
Total Payments Listed (column totals added)		\$ 96,000.0	Q
D. PED	PERAL SIGNATURE		
The issuer had duly caused this notice to be signed by the undersigned duly an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conn-accredited investor pursuant to paragraph (b)(2) of Rule 502.			
Issuer (Print or Type) Multicultural Holdings, LLC	Signature M. M. M.		8/11/05
Name of Signer (Print or Type)	Title of Signer (Print or Type)		<u> </u>
David Takata	Chief Executive Officer of the Ma	naging Member, Engage (Capital, Inc.

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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	E. STATE S	IGNATURE					
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqua	Yes	No X				
	See Appendix, Colum	n 5, for state response.					
2.	The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.						
3.	The undersigned issuer hereby undertakes to furnish to any state administrators	, upon written request, information furnished by the issuer to of	ferees.				
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.						
	e issuer has read this notification and knows the contents to be true and has du son.	ly caused this notice to be signed on its behalf by the undersi	igned duly a	uthorized			
Lssu	uer (Print or Type)	ghature ()	Date ,				
Multicultural Holdings, LLC		Mille	Oluf	05			
Nar	me (Print or Type)	tie (Print or Type)					
Dav	vid Takata Ci	hief Executive Officer of the Managing Member, Engage Capita	al, Inc.				

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Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	-			APPENDIX					
1		2	3	3 4					
	to non-: investo	nd to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and yes, amount purchased in State explanation (Part C-item 2) granted (I		Type of investor and amount purchased in State (Part C-Item 2)			alification ate ULOE (if , attach ion of waiver (Part E-Item I)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
A2									
AR									
CA		x	LLC Units of Interest, \$100,000.00	1	\$100,000.00	0	· · · · · · · · · · · · · · · · · · ·		х
co									
СТ									
DE									
DC									
FL									
GA									
HI									
ID									
IL	-								
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IA									
KS									
KY									
LA									
ME									
MD									
. MA									
MI								<u> </u>	
MN									
MS									
МО									

			APPENDIX						
1		2	3 4						5
	to non-a investor (Part I	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	an	Type of invest nount purchase (Part C-Ite	ed in State m 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E- liem 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC	<u> </u>								
ND									
ОН									
ОК									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI	<u> </u>								
WY									
PR									

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